

FORM B1 <div style="float: right; text-align: right;"> United States Bankruptcy Court District of <u>PUERTO RICO</u> </div>		Voluntary Petition															
Name of Debtor (if individual, enter Last, First, Middle): Reitter Corporation		Name of Joint Debtor (Spouse)(Last, First, Middle):															
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): dba Hospital San Gerardo		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):															
Soc. Sec./Tax I.D. No. (if more than one, state all): 66-0464389		Soc. Sec./Tax I.D. No. (if more than one, state all):															
Street Address of Debtor (No. & Street, City, State & Zip Code): MSC #250 Ave. Winston Churchill #138 SAN JUAN P.R. 00926		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):															
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:															
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):															
Location of Principal Assets of Business Debtor (If different from street address above): SAME																	
Information Regarding the Debtor (Check the Applicable Boxes)																	
Venue (Check any applicable box) <input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input checked="" type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																	
Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding															
Nature of Debts (Check one box) <input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.															
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)		THIS SPACE IS FOR COURT USE ONLY															
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																	
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1-15	16-49			50-99	100-199	200-999	1000-over										
<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Reitter Corporation**Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

Puerto Rico

Case Number:

01-08937 (ESL)

Date Filed:

8/13/2001**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)**

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney**X**

Signature of Attorney for Debtor(s)

Alexis Fuentes-Hernández 217201

Printed Name of Attorney for Debtor(s)

Charles A. Cuprill, P.S.C.

Firm Name

356 Fortaleza St.

Address

San Juan PR 00901787-977-0515

Telephone Number

5/31/05

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Lorenzo A. Bosque

Printed Name of Authorized Individual

President

Title of Authorized Individual

5/31/05

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☒ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT DISTRICT OF PUERTO RICO

In re *Reitter Corporation*
dba Hospital San Gerardo

Case No.
Chapter 11

_____/ Debtor

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

Name of Creditor and Complete Mailing Address including Zip Code	Name, Telephone Number and Complete Mailing Address, including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who may be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or subject to Setoff	Amount of Claim (if Secured also State Value of Security)
1 INTERNAL REVENUE SERVICE MERCANTIL PLAZA, RM. 1014 2 PONCE DE LEON AVE. SAN JUAN P.R. 00918	Phone: INTERNAL REVENUE SERVICE MERCANTIL PLAZA, RM. 1014 2 PONCE DE LEON AVE. SAN JUAN P.R. 00918	TAXES		\$ 2,982,464.00
2 DEPARTMENT OF TREASURY OF PR P.O. BOX 9024140 SAN JUAN P.R. 00902	Phone: DEPARTMENT OF TREASURY OF PR P.O. BOX 9024140 SAN JUAN P.R. 00902	TAXES		\$ 2,495,189.00
3 STATE INSURANCE FUND P.O. BOX 42006 SAN JUAN PR 00940	Phone: STATE INSURANCE FUND P.O. BOX 42006 SAN JUAN PR 00940	State insurance premiums		\$ 620,538.00
4 BANCO POPULAR DE PUERTO RICO P.O. BOX 362708 SAN JUAN P.R. 00936	Phone: BANCO POPULAR DE PUERTO RICO SAN JUAN P.R.	LOAN		\$ 500,000.00

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address including Zip Code	Name, Telephone Number and Complete Mailing Address, including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who may be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or subject to Setoff	Amount of Claim (if Secured also State Value of Security)
5 DR. LORENZO BOSQUE HERNANDEZ URB. MONTEHIEDRA 145 GUARAGUAO SAN JUAN P.R. 00926	Phone: DR. LORENZO BOSQUE	LOAN		\$ 458,932.54
6 DR. CESAR PEREZ MACHADO URB. PARQUE FORESTAL A-9, CALLE 1 SAN JUAN P.R. 00926	Phone: DR. CESAR PEREZ MACHADO	LOAN		\$ 428,932.53
7 DR. JORGE VALDESUSO HERNANDEZ URB. ARBOLES DE MONTEHIEDRA 342 CALLE ALM SAN JUAN P.R. 00926	Phone: DR. JORGE VALDESUSO	LOAN		\$ 411,104.54
8 AUTORIDAD DE ENERGIA ELECTRICA P.O. BOX 363508 SAN JUAN P.R. 00936-3508	Phone: AUTORIDAD DE ENERGIA ELECTRICA	Utility Bills		\$ 345,594.91
9 NORTH JANITORIAL P.O. BOX 362617 SAN JUAN P.R. 00936	Phone: NORTH JANITORIAL	Maintenance		\$ 244,184.00
10 ABBOTT LABORATORIES P.R., INC. BOX 4706 CAROLINA P.R. 00984	Phone: ABBOTT LABORATORIES P.R., INC.	Medical Supplies		\$ 128,133.77
11 PULMONARY EQUIPMENT, INC. AVENIDA FERNANDEZ JUNCOS 182 SAN JUAN P.R. 00909	Phone: PULMONARY EQUIPMENT, INC.	Equipment Rental		\$ 79,576.00
12 AGALINDE HEALTHCARE GPO BOX 364727 SAN JUAN P.R. 00936-4727	Phone: AGALINDE HEALTHCARE GPO BOX 364727 SAN JUAN P.R. 00936-4727	Sale of Oxygen		\$ 63,097.26

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS


Name of Creditor and Complete Mailing Address including Zip Code	Name, Telephone Number and Complete Mailing Address, including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who may be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or subject to Setoff	Amount of Claim (if Secured also State Value of Security)
13 PUERTO RICO HOSPITAL SUPPLY CALL BOX 158 CAROLINA P.R. 00986	Phone: PUERTO RICO HOSPITAL SUPPLY CALL BOX 158 CAROLINA P.R. 00986	Medical Supplies		\$ 58,701.00
14 PUERTO RICO TELEPHONE COMPANY P.O. BOX 71535 SAN JUAN P.R. 00936	Phone: PUERTO RICO TELEPHONE COMPANY P.O. BOX 71535 SAN JUAN P.R. 00936	Telephones		\$ 48,468.53
15 AUTORIDAD DE ACUEDUCTOS Y ALCA P.O. BOX 14580 SAN JUAN P.R. 00916-4580	Phone: AUTORIDAD DE ACUEDUCTOS Y ALCA P.O. BOX 14580 SAN JUAN P.R. 00916-4580	Utility Bills		\$ 34,092.57
16 UNIVERSAL CARE CORPORATION P.O. BOX 895 SABANA SECA P.R. 00952	Phone: UNIVERSAL CARE CORPORATION P.O. BOX 895 SABANA SECA P.R. 00952	Medical Supplies		\$ 32,064.31
17 HATO REY MEAT MARKET CALLE GUAYAMA 153 SAN JUAN P.R. 00917	Phone: HATO REY MEAT MARKET CALLE GUAYAMA 153 SAN JUAN P.R. 00917	FOOD SERVICE		\$ 28,104.97
18 BORSCHOW HOSPITAL PO BOX 366211 GENERAL POST OFFICE SAN JUAN PR	Phone: BORSCHOW HOSPITAL	Medical Supplies		\$ 26,391.95
19 JOHNSON & JOHNSON P.O. BOX 70304 SAN JUAN P.R. 00936-8304	Phone: JOHNSON & JOHNSON P.O. BOX 70304 SAN JUAN P.R. 00936	Equipment Rental		\$ 22,039.00
20 GMS MEDICAL GROUP, PSC PMB 99 BOX 2500 Trujillo Alto P.R. 00977	Phone: GMS MEDICAL GROUP, PSC PMB 99 BOX 2500 Trujillo Alto P.R. 00977	Professional Services		\$ 21,150.00

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Lorenzo A. Bosque, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 5/21/05

Signature 
Name: Lorenzo A. Bosque
Title: President

UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

In re *Reitter Corporation*,
dba *Hospital San Gerardo*

Case No.
Chapter *11*

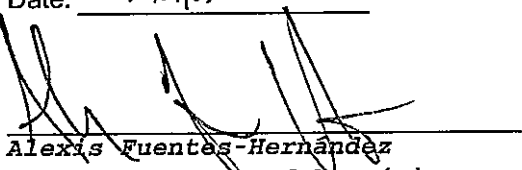
_____/ Debtor

Attorney for Debtor: *Alexis Fuentes-Hernández*

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of *10* pages,
is true, correct and complete to the best of my knowledge.

Date: *5/31/09*



Alexis Fuentes-Hernández
Attorney for the debtor(s)
356 Fortaleza St.
San Juan, PR 00901



Debtor

Reitter Corporation
MSC #250
Ave. Winston Churchill #138
SAN JUAN, P.R. 00926

Alexis Fuentes-Hernández
356 Fortaleza St.
San Juan, PR 00901

A&A WASTE MANAGEMENT, INC.
P.O. BOX 1253
CEIBA, P.R. 00735

ABBOTT LABORATORIES P.R., INC.
BOX 4706
CAROLINA, P.R. 00984

ABS MEDICAL, INC.
PMB 162
P.O. BOX 70158
SAN JUAN, PR 00936-8158

AGALINDE HEALTHCARE
GPO BOX 364727
SAN JUAN, P.R. 00936-4727

AITRON CO.
AVE. AMERICO MIRANDA 967
SAN JUAN, P.R. 00921

ALADDIN TEMP-RITE P.R., INC.
P.O. BOX 19411
SAN JUAN, P.R. 00910

ANTILLES POWER DEPOT
P.O. BOX 810190
CAROLINA, P.R. 00981-0190

ATLANTIC MASTER PARKING
URB. VALLE VERDE
1-AR-22, CALLE RIO SONADOR
BAYAMON, P.R. 00961

AUTORIDAD DE ACUEDUCTOS Y ALCA
P.O. BOX 14580
SAN JUAN, P.R. 00916-4580

AUTORIDAD DE ENERGIA ELECTRICA
P.O. BOX 363508
SAN JUAN, P.R. 00936-3508

BANCO DE SANGRE Y SERVICIOS
AVE. PONCE DE LEON #706
PDA. 37
SAN JUAN, PR 00918

BANCO POPULAR DE PUERTO RICO
P.O. BOX 362708
SAN JUAN, P.R. 00936

BAXTER SALES & DIST., CORP.
P.O. BOX 70280
SAN JUAN, P.R. 00936

BFI PUERTO RICO
P.O. BOX 51986
TOA BAJA, P.R. 00950-1986

BIO-CELSIUS
P.O. BOX 6616
CAGUAS, P.R. 00726

BMET MEDICAL EQUIPMENT SERVICE
HC-2, BOX 5204
PEÑUELAS, P.R. 00624

BORSCHOW HOSPITAL
PO BOX 366211
GENERAL POST OFFICE
SAN JUAN, PR

CADILLAC UNIFORMS
P.O. BOX 1893
BAYAMON, P.R. 00960

CARIBE HIDROBLASTING CORP.
P.O. BOX 195056
SAN JUAN, PR 00919

CARIBE MEDICAL AMBULANCE
1351 CALLE ANOTNIO ARROYO
ESQ. PAZ GRANELA
SAN JUAN, P.R. 00921

CENTENNIAL DE PUERTO RICO
P.O. BOX 70261
SAN JUAN, P.R. 00936

CLENDI REFERENCE LABORATORY
P.O. BOX 549
BAYAMON, P.R. 00960

COLON BROTHERS
PO BOX 363013
MERCADO CENTRAL - PUERTO NUEVO
SAN JUAN, PR 00936-3013

CONFIANZA EXTERMINATING
P.O. BOX 270266
SAN JUAN, P.R. 00927

CORTELCO SYSTEMS P.R., INC.
P.O. BOX 363665
SAN JUAN, P.R. 00936

DE LA PAZ AIR CONDITION
PMB 262 CALLE 39
URB. SANTA JUANITA
BAYAMON, P.R. 00956

DEPARTMENT OF TREASURY OF PR
P.O. BOX 9024140
SAN JUAN, P.R. 00902

DISCOUNT GENERICS, INC.
P.O. BOX 366937
SAN JUAN, P.R. 00936

DR. CESAR PEREZ MACHADO
URB. PARQUE FORESTAL
A-9, CALLE 1
SAN JUAN, P.R. 00926

DR. JORGE VALDESUSO HERNANDEZ
URB. ARBOLES DE MONTEHIEDRA
342 CALLE ALM
SAN JUAN, P.R. 00926

DR. LORENZO BOSQUE HERNANDEZ
URB. MONTEHIEDRA
145 GUARAGUAO
SAN JUAN, P.R. 00926

DROGERIA BETANCES
PO Box 368
CAGUAS, P.R. 00726-0368

EMERGENCY RESPONSE
P.O. BOX 71325
SAN JUAN, P.R. 00936

EQ LAB
PO BOX 11458
SAN JUAN, PR 00910-1458

EQ LAB
P.O. BOX 11458
SAN JUAN, P.R. 00910

ESPRESSO VENDORS
URB. GARDEN COURT
MA-2, CALLE MIRAMONTES
GUAYNABO, P.R. 00966

F. BARAGAÑO
PO BOX 364421
SAN JUAN, PR 00936-4421

G.E. MEDICAL EQUIPMENT SYSTEMS
P.O. BOX 71403
SAN JUAN, P.R. 00926

GEA CARIBBEAN EXPORT, LLC
1590 PONCE DE LEON
GM GROUP
SAN JUAN, P.R. 00926

GMS MEDICAL GROUP, PSC
PMB 99 BOX 2500
Trujillo Alto, P.R. 00977

GUSTO CRIOLLO
PO BOX 930-0279
SAN JUAN, PR 00930

HATO REY MEAT MARKET
CALLE GUAYAMA 153
SAN JUAN, P.R. 00917

IGOR J. DOMINGUEZ, ESQ.
AVE. MUNOZ RIVERA 652
SUITE 3125
SAN JUAN, PR 00918-4261

INFOMEDIKA, INC.
P.O. BOX 11095
SAN JUAN, PR 00922

INMEDIATA CORPORATION
CARRIBEAN DATA BUILDING
636 SAN PATRICIO AVE.
SAN JUAN, PR 00926

INTERBORO SYSTEMS CORP.
206 SAN JJORGE ST.
SAN JUAN, PR 00912-3311

INTERNAL REVENUE SERVICE
MERCANTIL PLAZA, RM. 1014
2 PONCE DE LEON AVE.
SAN JUAN, P.R. 00918

JD REPAIR SERVICES
PMB 2510
BOX 46
Trujillo Alto, PR 00977-2510

JOHNSON & JOHNSON
P.O. BOX 70304
SAN JUAN, P.R. 00936-8304

KEMCO FOOD DISTRIBUTORS
P.O. BOX 8997
CAROLINA, PR 00987

MARIAN CRUZ MALDONADO
CALLE 31 JJ 16
CASTELLANA GARDENS
CAROLINA, PR 00983

MCKESSON HEALTH SOLUTIONS LLC
275 GROVE ST.
SUITE 1-110
AUBURNDALE , MA 02466-2273

MED XPORT INTERNATIONAL
S/C #1353, CARR. #19
SUITE 353
GUAYNABO, P.R. 00966

MEDIFAX EDI, INC.
13093 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

MEDLINE INDUSTRIES, INC.
P.O. BOX 92301
CHICAGO, IL 60675

MEDTECH CARIBBEAN
PO BOX 1261
CAGUAS, PR 00726-1261

METRO BEEPER
P.O. BOX 29742
SAN JUAN, P.R. 00929

MIGUEL MUÑIZ ECHEVARRIA
MAGNOLIA GARDENS
17 ST. S-14
BAYAMON, PR 00956

MOVA INTERAMERICA CORPORATION
CALL BOX 4908
CAGUAS, P.R. 00726

NATIONAL COPIER & OFFICE SUPPL
P.O. BOX 3928
BAYAMON, P.R. 00958

NBM CHEMICAL COMPANY
320 ELEANOR ROOSEVELT AVE.
SAN JUAN, P.R. 00918

NEPTUNO MEDIA, INC.
PO BOX 191995
SAN JUAN , PR 00919-1995

NORTH JANITORIAL
P.O. BOX 362617
SAN JUAN, P.R. 00936

NUTRIX
RR-9 PO BOX 1870
SAN JUAN, PR 00926

PKF INTERNATIONAL LIMITED
1056 MUNOZ RIVERA AVE.
SUITE 304
SAN JUAN, PR 00927-5013

PRAS
COND. TORRES DE CERVANTES
APT. 1002-A, CALLE 49, #240
SAN JUAN, P.R. 00924

PRECISION ELEVATOR SYSTEM
MSC 719
AVE. WINSTON CHURCHILL 138
SAN JUAN, P.R. 00926

PRIM, INC.
CAPARRA TERRACE
1521 AVE. J.T. PINEIRO
SAN JUAN, P.R. 00922

PROFESSIONAL RECORDS
P.O. BOX 13323
SAN JUAN, P.R. 00908

PROGAS CO.
P.O. BOX 21406
SAN JUAN, P.R. 00928

PUERTO RICO HOSPITAL SUPPLY
CALL BOX 158
CAROLINA, P.R. 00986

PUERTO RICO TELEPHONE COMPANY
P.O. BOX 71535
SAN JUAN, P.R. 00936

PULMONARY EQUIPMENT, INC.
AVENIDA FERNANDEZ JUNCOS 182
SAN JUAN, P.R. 00909

QUALITY MEDICAL TRANSPORT
BOX 280
Trujillo Alto, PR 00977

RAFAEL A. DIAZ GAUTIER
SUITE 112, MSC 481
100 GRAN BOULEVAR PASEOS
SAN JUAN, PR 00926

RASA HOSPITAL & BUSINESS FORMS
MCS 806
138 WINSTON CHURCHILL AVE.
SAN JUAN, P.R. 00926

ROBERTO DIAZ
HC-01 BOX 6150
GUAYNABO, P.R. 00971

RT INTERCOM SERVICES
RR7 VILLAS DE CARAIZO
BUZON 216
SAN JUAN, P.R. 00926

SANTURCE X-RAY
P.O. BOX 11749
SAN JUAN, P.R. 00910

SISTEMAS URBANOS, INC.
P.O. BOX 9021990
SAN JUAN, P.R. 00902

STATE INSURANCE FUND
P.O. BOX 42006
SAN JUAN, PR 00940

TELE HEALTH SERVICES
AVE. FERNANDEZ JUNCOS 1653
SANTURCE, P.R. 00909

TISCHER & CO., INC.
P.O. BOX 9020524
SAN JUAN, P.R. 00902

UMECO
P.O. BOX 21536
SAN JUAN, P.R. 00928-1536

UNIVERSAL CARE CORPORATION
P.O. BOX 895
SABANA SECA, P.R. 00952

UNIVERSAL CISTERN CLEANING, IN
CALLE LOS MILLONES #57
BAYAMON, P.R. 00957

URBAN IMAGE, INC.
CALLE MANUEL CAMUNAS 207
SUITE 100
SAN JUAN, P.R. 00918

VERIZON INFORMATION SERVICES
PO BOX 70366
SAN JUAN, PR 00936-8366

VILMA VARGAS BIRD
CALLE 2 #10 PASEO ALTO
URB. LOS PASEOS
SAN JUAN, PR 00926

VIVIANA OSSA QUINTERO
COND. PARKVILLE PLAZA
APT. 603
GUAYNABO, P.R. 00969

WESTERNBANK
268 MUNOZ RIVERA AVE.
SUITE 600
SAN JUAN, P.R. 00918

WYETH PUERTO RICO, INC.
P.O. BOX 362917
SAN JUAN, P.R. 00936

XEROX CORPORATION
P.O. BOX 827598
PHILADELPHIA, PA 19182

CERTIFIED COPY OF RESOLUTION OF THE BOARD
OF DIRECTORS AUTHORIZING THE FILING OF
PETITION FOR REORGANIZATION UNDER CHAPTER 11
OF THE BANKRUPTCY CODE

RESOLVED: Whereas the corporation is unable to meet its obligations as they mature; and

Whereas, creditors are threatening suit and have threatened to undertake steps to obtain possession of the corporation's assets; and

Whereas, it is apparent that the continuation of the business of the corporation will result in certain creditors receiving preferences. Now therefore,

Be it resolved that a Petition in Proceedings for Reorganization under Chapter 11 of the Bankruptcy Code be filed by the corporation and that Lorenzo A. Bosque, President, be and hereby is authorized to execute on behalf of the corporation and for it all the necessary documents for the filing of a Petition for Reorganization under Chapter 11 of the Bankruptcy Code; and be it further resolved;

That Lorenzo A. Bosque, President, be and hereby is authorized to pay unto the Clerk of the Court all necessary filing fees required by law, and be it further resolved;

That pursuant to 11 U.S.C. §1107, the corporation shall exercise the rights and powers set forth therein, subject to the provisions thereof and unless the United States Bankruptcy Court for the District of Puerto Rico provides or orders otherwise, the Corporation will continue to operate its business and manage its affairs, as provided in 11 U.S.C. §1108.

That Charles A. Cuprill, P.S.C., Law Offices be employed to act as counsel for the corporation in such reorganization proceedings or any other proceeding under the Bankruptcy Code.

The undersigned hereby certifies that he is the President of Reitter Corporation d/b/a Hospital San Gerardo and that the above is a true and correct copy of a resolution adopted by the Board of Directors of said corporation at a duly constituted meeting held on the 19th day of May, 2005, in accordance with its corporate regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.

CORPORATE RESOLUTION

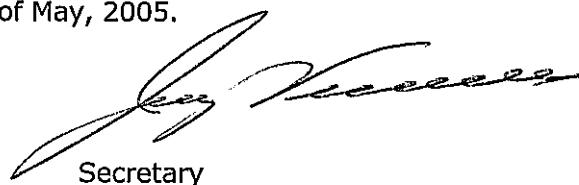
In witness hereof, I have hereunto set my hand and affixed the seal of said corporation this 31 day of May, 2005.




Secretary

I, Jorge Valdesuso Hernández, Secretary of Reitter Corporation d/b/a Hospital San Gerardo, of legal age, married, and resident of San Juan, Puerto Rico, do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

San Juan, Puerto Rico, this 31 day of May, 2005.


Secretary

**United States Bankruptcy Court
District of Puerto Rico**

In re	:	
	:	
	:	Case No.
REITTER CORPORATION	:	
D/B/A HOSPITAL SAN GERARDO	:	
	:	
Debtor	:	Chapter 11
_____	:	

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. §329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept

(For Charles A. Cuprill-Hernández, per hour) \$ 275.00

(For senior associates, per hour) \$ 175.00

Prior to the filing of this statement I have received. *\$ 19,672.50

Balance Due \$ 0.00

2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify)
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify)
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of the law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including;
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing; and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Representation of the debtor in all aspects of the bankruptcy proceedings, including administrative proceedings, litigation, negotiations and appeals.

Debtor will pay all expenses incurred for the work performed or to be performed.

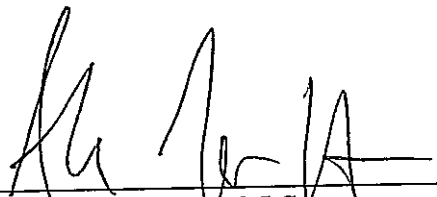
The compensation to be paid to Charles A. Cuprill, P.S.C., Law Offices shall be from debtor's funds as may be available to debtor from third parties and to which debtor may be legally entitled.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment for representation of the Debtor in this bankruptcy proceeding.

May 31, 2005



CHARLES A. CUPRILL, P.S.C.,
LAW OFFICES

* Retainer against which Charles A. Cuprill, P.S.C., Law Offices will bill on the basis of the rates per hour indicated above, for work performed or to be performed, and which services will be identified with the attorney's initials.

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN THE MATTER OF:

REITTER CORPORATION
D/B/A HOSPITAL SAN GERARDO

Debtor

CASE NO.

CHAPTER 11

**NOTICE OF FILING PETITION IN BANKRUPTCY UNDER CHAPTER 11
AND OF AUTOMATIC STAY OF SUITS**

You are hereby notified that the above named Debtor has filed a petition under Chapter 11 Title 11, United States Code, on JUN 02 2005.

Pursuant to the provisions of 11 USC 362, the filing of the petition by the above-named debtor operates as a stay of the commencement or continuation of any court or other proceeding against the debtor, of the enforcement of any judgment against it, of any act or the commencement or continuation of any court proceeding to enforce any lien on the property of the debtor, and of any court proceeding commenced for the purpose of rehabilitation of the debtor or the liquidation of his estate.

This notice is sent to you by order of the United States Bankruptcy Judge.

San Juan, Puerto Rico, this JUN 06 2005.

CELESTINO MATTA-MENDEZ, CLERK
UNITED STATES BANKRUPTCY COURT



BY: 

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

IN THE MATTER OF:

REITTER CORPORATION
D/B/A HOSPITAL SAN GERARDO

DEBTOR

CASE NUMBER _____

CHAPTER 11

NOTICE TO DEBTOR OF FILING A PETITION IN BANKRUPTCY UNDER CHAPTER 11

Upon the filing of the instant petition, the items checked were not submitted to the Court:

- ☐ Signature (Upon filing)
- ☐ Master address list (Upon filing)
- ☐ Master address list in Diskette (Upon filing)
- ☐ List of creditors (Upon filing)
If partnership, list of each and limited partner
If corporation, list of all officers and directors
- ☐ Social Security Number and/or Employer ID Number (Upon filing)
- ☐ List of creditors holding 20 largest unsecured claims (Upon filing) (Official Form 4)
- ☐ Declaration under penalty of perjury on behalf of the corporation or partnership.
(Upon filing) (Official Form 2)
- ☐ Statement disclosing compensation paid or to be paid to the attorney for the debtor
Must be submitted upon filing or within 15 days or any other date set by the Court. 11 U.S.C. §329 and Rule 2016 (b), Fed.R Bankr.P.
- ☒ Schedules of assets and liabilities. (Official Form 6)
Must be submitted with the petition or within 15 days. Rule 1007 (b) & (c), Fed. R. Bankr.P.
- ☒ Statement of financial affairs (Official Form 7)
Must be submitted with the petition or within 15 days. Rule 1007 (b) & (c)

You are hereby notified that upon failure to file any of the above indicated documents within the prescribed period of time specified herein, the Court may enter an order of dismissal without further notice or hearing.

JUN 06 2005

In San Juan, Puerto Rico, this day of May, 2005.

BY ORDER OF THIS COURT,
CELESTINO MATTÀ-MENDEZ

By:
Deputy Clerk

